

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 1172

County Jackson Registration District No. 898 File No. 2172
 Township _____ or _____ Village _____ Primary Registration District No. 1002 Registered No. 59
 City Kansas city (NO. 307 Oak St. St.: 6 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME antonino Gorgotto

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>m</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>Jan.</u> <u>5</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Unknown</u> , 19 <u>21</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Oct 25</u> , 191 <u>1</u> , to <u>Jan 5</u> , 191 <u>2</u> , that I last saw <u>him</u> alive on <u>Jan 1</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>10 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Tuberculosis</u>	
AGE <u>40</u> yrs. _____ mos. _____ ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	7 <u>11</u> (Duration) <u>9</u> yrs. _____ mos. _____ ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>bedder</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Italy</u>			(Signed) <u>J. T. Davis</u> M. D. <u>Jan 6</u> , 191 <u>2</u> (Address) <u>906 Waldheim Bld.</u>	
PARENTS	NAME OF FATHER <u>Motter Gorgotto</u>		* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Italy</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Filippa Grassofium</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Italy</u>		PLACE OF BURIAL OR REMOVAL <u>St. Mary's</u> DATE OF BURIAL <u>Jan 7</u> , 191 <u>2</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>antonino gorgotto</u> (ADDRESS) <u>307 Oak St.</u>			UNDERTAKER <u>A. Roberto & Co.</u> ADDRESS <u>603 East 5th</u>	
Filed <u>Jan 6</u> 191 <u>2</u> <u>W.S. Wheeler</u> REGISTRAR				

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*. ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH
County Jackson
Township _____
or
Village _____
or
City Kansas City (NO. 307 Oak)

Registration District No. 399 File No. 1172
Primary Registration District No. 10021 Registered No. 59
St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Antonino Gargotto

PERSONAL AND STATISTICAL PARTICULARS

SEX Mr. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Mr.

DATE OF BIRTH Unknown, 1871
(Month) (Day) (Year)

AGE 40 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION (a) Trade, profession, or particular kind of work Peddler
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Italy

PARENTS
NAME OF FATHER Mottis Gargotto
BIRTHPLACE OF FATHER (City or town, State or foreign country) Italy
MAIDEN NAME OF MOTHER Filippa Passafiuma
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Italy

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Antonino Gargotto
(ADDRESS) 307 Oak St.

Filed W.S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 5, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 25, 1911, to Jan. 5, 1912, that I last saw him alive on 1, 1912, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Tuberculosis Pulmonary
(Duration) 2 yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) S. J. Davis M. D.
Jan 6 1912 (Address) 906 Waldheim Bldg.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St. Marys DATE OF BURIAL Jan. 7, 1912

UNDERTAKER A. Sibels & Co. ADDRESS 603 E. 8th St.

Original file, date JAN 6 1912 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
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